



CITY OF HOPEWELL SPECIAL EVENT APPLICATION REQUEST FORM

Today's Date: _____ : TYPE OF EVENT REQUESTED _____

Individual/Company/Agency/Organization

Name: _____ 501 (c) (3): Yes ____ No ____

Website Address: _____

Contact Information

Name: _____ WK PH: _____ FAX: _____

Cell: _____ Email: _____

Mailing Address: _____ City: _____

State : _____ Zip Code: _____

EVENT DETAILS

Date of Event: _____ Start Time: _____ End Time: _____ Expected Attendance: _____

Description of Event: _____ Open to the Public? Yes: ____ : No ____

Admission Fee? Yes ____ No: ____ Set-Up Date: _____ Set -Up Time _____

Location of the Event: _____ Insurance Attached ____ Yes: ____ No: ____

Food Service ____ Generator ____ Lane Closure ____ Media ____ Tent (s) _____

CITY OF HOPEWELL SPECIAL EVENT APPLICATION EVENT REQUEST FORM

Check All That Apply:

Alcohol Permit (Attach Copy): ____ Yes. ____ No: ____ **Amplified Sound:** Yes ____ No ____
Barricades ____ **Dumpsters** ____ **Food Sales** ____

Attach Detail Security Plan: ____ **Street Closure (Attach Diagram)** ____
Stage: ____ yes ____ No ____ **Vendors:** ____ **Valet Service** ____ **Police Requested:**
Yes: ____ **No:** ____ **Restrooms** ____ **No Parking Signs** ____ **Permits:** Yes ____ No ____
Applied For ____ **or Received (Attach a copy)** ____

Print Name ____ **Signature** ____ **Date** ____

COMMITTEE APPROVAL/SIGNATURE

Police: ____ **Health Department:** ____

Bureau of Fire: ____ **Code/Building Official** ____

Public Works: ____ **Recreation:** ____

Commissioner of the Revenue: ____ **Safety/Risk Manager:** ____

City Manager's Rep: ____

FINAL APPROVAL /DISSAPPROVING AUTHORITY

City Manager or Designative Representative ____ **Date:** ____

Note 1: Some Special Event Applications may require a legal review prior to approval/disapproval which may delay processing time. Any applicant may come and participate in the review process. It is not mandatory. The Special Events Application Review Committee meets every Tuesday at 11:00 A.M. Inside the Intergovernmental & Public Affairs Office, Second Floor, Room 220, Municipal Building (City Hall) located at 300 North Main Street, Hopewell, Virginia 23860. After completion, fax application to (804) 541-2248. PH: (804) 541-2270. Email: hbragg@hopewellva.gov.

Note 2: All Special Event Application Requests require an Insurance Certificate naming the City as a Co-Insurer unless a waiver is requested and granted by the City Manager or his designative representative.

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Note 3: To request Police Officers at an event, please fill out the attached Police Request Form and forward it to the Hopewell Bureau of Police. If approved, there is a cost associated with this request. There is no cost for Police Volunteers provided they are requested and are available.

Note 4: To request Barricades and Road Signs, please coordinate placement with the Department of Public Works. Regarding alcohol permits, you must contact the Commissioner of the Revenue's office.

Note 5: To request blocking off City Street(s) requires a signed signature page of those impacted by the streets closure as well as those who oppose the event. This signature page is required to accompany the application.

I have read and reviewed the entire application and understand the requirements to include all rules listed.

Print Name _____ Signature _____ Date: _____

(APPLICANT)

Questions _____

Questions _____

FINAL APPROVAL / DISAPPROVAL AUTHORITY

City Manager or designated Representative _____ Date: _____

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USE THIS PAGE FOR DIAGRAM OR STRIP MAP

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SECURITY PLAN

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CROWD CONTROL PLAN



CITY OF HOPEWELL

Police Department
Chief John Keohane
Chief of Police

REQUEST FOR VOLUNTEER ASSISTANCE

Today's Date: _____ Requested by: _____
Point of Contact: _____ Phone Number: _____

Date Needed: _____		From: _____		To: _____	
Escort Driving	<input type="checkbox"/>	Escort Walking	<input type="checkbox"/>	Traffic Control without Vehicles	<input type="checkbox"/>
Traffic Control with Vehicles	<input type="checkbox"/>	Intersection Control	<input type="checkbox"/>	Crowd Assist	<input type="checkbox"/>
Other (describe): _____					

Submitted to: _____ Date Received: _____

ALL REQUESTS SHOULD BE GIVEN TO OFFICER JOHNSON FOR SCHEDULING

We, the Hopewell Police Volunteers, will make EVERY effort to accommodate every request that is submitted. Please give us as much time as possible and please provide us with a point of contact to call in case we have questions or we are unable to fulfill your request. Thank you, and we look forward to helping you with your request.

PLEASE FILL OUT ALL SECTIONS OF THIS FORM AND EMAIL TO [KJOHNSON@HOPEWELLVA.GOV](mailto:kjohnson@hopewellva.gov)
OR BRING A COPY TO OFFICER KEVIN JOHNSON.

300 North Main Street - Hopewell, VA 23860 - 804-541-2283 - Email: jkeohane@hopewellva.gov

PD-105 REQUEST FOR VOLUNTEER ASSISTANCE

Hopewell Police Department

300 N. Main Street • Hopewell Virginia 23860 • (804) 541-2282

(Commanding Officer)

Date	Officer	No. of Hours	Division Commander

Ratio of Officer to Crowd Size:

Persons in Attendance	With Alcohol	Without Alcohol
0-100	2	0
100-500	3	1
500-1000	6	3
1000-2500	8	5
2500-5000	14	12
5000-7500	17	14
7500-10K	22	22

Policy 1-11 Section D paragraph 12 & 13

The Officer / Supervisor in charge may request more based upon the event.

12 Whenever six or more officers are needed at a job site, at least one must be a supervisor. An additional supervisor is required for every six additional officers working at the job site. The department may require additional supervisors based on the event.

13 If 15 or more officers are required, three supervisors must be present, one being a lieutenant or above.

HOPEWELL FIRE & RESCUE

200 South Hopewell Street
Hopewell, Va. 23860

Special Event Application

I, _____,

Representing _____, hereby request

To employ _____ fire fighters for _____

On the _____ day of _____ 20____ from _____ to

_____. I will be responsible for hourly rates and fees listed below. I understand this bill has to be paid prior to the event to **account# 11321060 501200**. The receipt and a copy of this application shall be brought to the Fire Station 1 at least 10 days prior to the event to insure you have the people and or units requested.

FF rate per hour \$29.00

Engine per hour \$91.00 or \$700 for up to 10 hours (Minimum 2 FF/Medics)

Medic per hour \$41.50 or \$400 for up to 10 hours (Minimum 2 FF/Medics)

Approved by: _____